

<b>Form 1040</b> Department of the Treasury—Internal Revenue Service (99) <b>2017</b> U.S. Individual Income Tax Return		OMB No. 1545-0074 IRS Use Only—Do not write or stamp in this space.	
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning		<b>RECEIVED</b>	
Your first name and initial <b>brock</b>		Last name <b>fredin</b>	See separate instructions.
If a joint return, spouse's first name and initial		Last name	Your social security number <b>473-02-9069</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>PO BOX 841</b>		CLERK, U.S. DISTRICT COURT Apt. no. <b>ST. PAUL, MINNESOTA</b>	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Hudson WI 54016</b>		Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/country	Foreign postal code
<b>Filing Status</b> 1 <input checked="" type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions). 2 <input type="checkbox"/> Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)			
<b>Exemptions</b> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. 6b <input type="checkbox"/> Spouse c. Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) If more than four dependents, see instructions and check here <input type="checkbox"/>			
Boxes checked on 6a and 6b: No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6a not entered above Add numbers on lines above <b>1</b>			
<b>Income</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 <b>-5,802.</b> 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 13 <b>-3,000.</b> 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b <b>6,804.</b> 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income <b>-1,998.</b>			
<b>Adjusted Gross Income</b> 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 <b>400.</b> 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 <b>400.</b> 37 Subtract line 36 from line 22. This is your adjusted gross income <b>-2,398.</b>			

**SCANNED**  
**AUG 27 2018**  
 U.S. DISTRICT COURT ST. PAUL